



APZ

4002-3473#389521

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/626,571
		Filing Date	July 25, 2003
		First Named Inventor	DRAPEAU, Susan J.
		Art Unit	1653
		Examiner Name	ROOKE, Agnes Beata
Total Number of Pages in this Submission		Attorney Docket Number	4002-3473

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Credit Card Payment Form <input type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 2 month <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Printed Name	Kenneth A. Gandy		
Date	March 7, 2006	Reg. No.	33,386

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Kenneth A. Gandy

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March 7, 2006

Date

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

MAR 09 2006

PTO-8727
U.S. PATENT & TRADEMARK OFFICE Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950)

<i>Complete if Known</i>	
Application Number	10/626,571
Filing Date	June 25, 2003
First Named Inventor	DRAPEAU, Susan J.
Examiner Name	ROOKE, Agnes Beata
Art Unit	1653
Attorney Docket No.	4002-3473

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments.

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25

Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee (\$)</u>
200	100

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
360	180

Total Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>
-20 or HP	=-20

<u>Fee (\$)</u>	<u>Small Entity</u>
x	

Fee Paid (\$)=0=0

HP = highest number of total claims paid for, if greater than 20

Independent Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>
-3 or HP	=-3

<u>Fee (\$)</u>	<u>Multiple Dependent Claims</u>
x	

Fee Paid (\$)=0=0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>
-100	= /50

<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>
(round up to a whole number)	x

<u>Fee Paid (\$)</u>	<u>0</u>
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4. OTHER FEE(S)

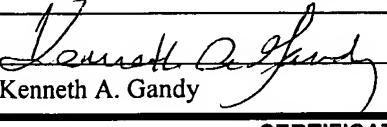
Notice of Appeal (Large)

<u>Fee Paid (\$)</u>	<u>500</u>
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Request for two-month extension of time (Large)

<u>Fee Paid (\$)</u>	<u>450</u>
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,386	Telephone	(317) 634-3456
Name (Print/Type)	Kenneth A. Gandy			Date	March 7, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Kenneth A. Gandy
Signature	